

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/584, 821</div>	FILING DATE <div style="font-size: 1.2em;">6-26-06</div>
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1						
3	1							
4	1							
5	1							
6	1							
7		6						
8	1							
9	1							
10	1		1					
11	1							
12	1		1					
13		5		2				
14		5		2				
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TOTAL IND.	10	↓	3	↓		↓		
TOTAL DEP.	37	←	11	←		←		
TOTAL CLAIMS	48		14					
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TOTAL CLAIMS								